PTO/SB/22 (08-03)
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· TE:DI	PETITION FOR EXTENSION OF T	Dock	Docket Number (Optional) BURF-P02-006							
,		In re Application of Fallon et al.								
		Application Numb	er /081736	F	Filed February 20, 2002					
	·	For BIGLYCAN AND RELATED THERAPEUTICS AND METHODS OF USE								
•		Art Unit	1614	Examine	r Olga N. Chernyshev					
•	This is a request under the provisions of identified application.  The requested extension and appropriate the control of the									
	x One month (37 CFR 1.17(		,	(0	\$ 110.00					
	Two months (37 CFR 1.17				\$					
	Three months (37 CFR 1.	17(a)(3))			\$					
	Four months (37 CFR 1.17	7(a)(4))	(a)(4)) \$							
	Five months (37 CFR 1.17	′(a)(5))			\$					
	x Applicant claims small entity stareduced by one-half, and the re-		1.27. Therefore, 55.00	the fee a	mount shown above is					
	A check in the amount of the fee	_	33.00	<u> </u>						
	Payment by credit card. Form PTO-2038 is attached.									
	x The Director has already been a	authorized to charg	e fees in this ap	olication to	a Deposit Account.					
	x The Director is hereby authorized to charge any fees which may be required, or credit any									
		verpayment, to Deposit Account Number18-1945 . have enclosed a duplicate copy of this sheet.								
	I am the applicant/inventor.	,, 2 3.1331.								
		of the entire interest. See 37 CFR 3.71. er 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
	attorney or agent o	f record. Registration Number47,874								
		under 37 CFR 1.34(a). er if acting under 37 CFR 1.34(a)								
	July 13, 2004	On Dis								
	Date (617) 951-7685	Signature								
	Telephone Number	John D. Quisel Typed or printed name								
Į	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below									
	X Total of 1	forms are submitted.								
07/15/2004 YP0LITE1 00000022 181945 10081736										
01 FC:2251	I hereby certify that this correspondence is be an envelope addressed to: MS Amendment, shown below.  Dated:	ring deposited with the Commissioner for Pate gnature:	U.S. Postal Service ents, P.O. Box 1450	, Alexandria <i>O</i>	ent postage as First Class Mail, in , VA 22313-1450, on the date (Ginny Blundell)					

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(Ginny Blundell)

PTO/SB/17 (10-03)
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Application Number 10/081736  First Named Inventor Justin R. Fallon  Examiner Name Olga N. Chernyshev  And Unit 16-14  TOTAL AMOUNT OF PAYMENT (6): 55.00  METHOD OF PAYMENT (check all that apply)  Credit Octobrill Organic Country  Deposit Account:  Repeated Table 18-1945  Total Charge (etc.) Included below W. Credit any overpayments of feed (8)  Account Repeated (check all that apply)  Fee Fee Fee Code (8)  Charge (etc.) Included below W. Credit any overpayments of feed (8)  Charge (etc.) Included below, except for the filling fee to the above-dentified deposit account.  The Director is authorited to: (check all that apply)  Charge (etc.) Included below, except for the filling fee to the above-dentified deposit account.  The Director is authorited to: (check all that apply)  Charge (etc.) Included below, except for the filling fee to the above-dentified deposit account.  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  Charge (etc.) Included below, except for the filling fee to the above-dentified deposit account.  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is authorited to: (check all that apply)  The Director is aut	EEE TOANGMITTAL			Complete if Known					
First Named Inventor   Justin R. Fallon	FEE TRANSMITTAL	.	Applic	ation	Numbe	er 10/081736			
First Named Inventor   Justin R. Fallon	for EV 2004		Filing Date			February 20, 2002			
Examiner Name Olga N. Chernyshev    A policant claims small entity status. See 37 CFR 1.27   Art Unit 1614   TOTAL AMOUNT OF PAYMENT (flock at that apply)   FEE CALCULATION (continued)	101 F 1 2004								
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT ( (5) 55.00   Attorney Docket No.   BURF-PQ2-006	Effective 10/01/2003. Patent fees are subject to annual revision.		<del></del>						
TOTAL AMOUNT OF PAYMENT (s) 55.00   Attorney Docket No.   BURF-P02-006	X Applicant claims small entity status. See 37 CFR 1 27								
METHOD OF PAYMENT (check all linal apply)   SAMDITIONAL FEES									
Check		T							
Name		┼	FEE CALCULATION (continued)						
Account   Ropes & Gray LLP   1051   130   2051   65   Surcharge – late filling fee or cath	X Deposit Account:								
Ropes & Gray LLP   1052	Account   18-1945					Fee Description Fee Paid			
The Director Is authorized to: (check all find apply)	Deposit Account Ropes & Gray LLP	1051	130	2051	65	Surcharge – late filing fee or oath			
X   Charge fee(s) Indicated below   X   Credit any overpayments   1053   130   1053   130   1053   130   Non-English specification	Name	1052	50	2052	25				
X   Charge any additional fee(s) or any underpayment of fee(s)   1812   2,520   1812   2,520   For filing a request for exparte reexamination   1804   920*   1804   920*   1804   920*   1805   1,840*   1,84		1053	130	1053	130	——————————————————————————————————————			
1804   920*   1804   920*   1804   920*   1804   920*   1804   920*   1805   1,840*   1805									
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Tell		1				Examiner action			
1. BASIC FILING FEE   Large Entity   Small Entity   Fee		4			1,840*	Examiner action			
Large Entity   Small Entity   Fee		1				· · · · · · · · · · · · · · · · · · ·			
Fee   Fee   Fee   Fee   Fee   Fee   Fee   Fee   Description   Fee   Paid   1254   1,480   2254   740   Extension for reply within fourth month   1001   770   2001   385   Utility filling fee   1402   330   2401   165   Notice of Appeal   1003   330   2003   265   Plant filing fee   1402   330   2402   165   Filing a brief in support of an appeal   1403   290   2403   145   Request for oral hearing   1405   1451   1,510						• • • • • • • • • • • • • • • • • • • •			
	= -		1						
1002   340   2002   170   Design filing fee	Code (\$) Code (\$)								
1003   530   2003   265   Plant filing fee   1402   330   2402   165   Filing a brief in support of an appeal   1402   330   1403   290   2403   145   Request for oral hearing   1451   1,510   1451   1,510   Petition to Institute a public use proceeding   1452   150   1451   1,510   Petition to Institute a public use proceeding   1452   150   1451   1,510   Petition to Institute a public use proceeding   1452   150   1451   1,510   Petition to Institute a public use proceeding   1452   150   1451   1,510   Petition to Institute a public use proceeding   1452   150   1452   150   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1452   150   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,330   2453   665   Petition to revive – unavoidable   1453   1,350   1450   1,330	1								
1004   770   2004   385   Reissue filing fee   1403   290   2403   145   Request for oral hearing   1451   1,510   1451   1,	, , , , , , , , , , , , , , , , , , ,					· · · · · · · · · · · · · · · · · · ·			
SUBTOTAL (1) (\$) 0.00 1452 110 1451 1,510 Petition to institute a public use proceeding 1452 110 1453 1,330 2453 665 Petition to revive – unavoidable 1453 1,330 2453 665 Petition to revive – unintentional 2452 55 Petition to revive – unintentional 2453 1,330 2453 665 Petition to revive – unintentional 2453 1,451 1,510 1451 1,510 1451 1,510 1451 1,510 1451 1,510 Petition to revive – unintentional 2450 1,451 1,451 1,510 1451 1,		1	- 1						
SUBTOTAL (1) (\$) 0.00			ı						
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE    Extra   Fee from   Claims   below   Fee Paid   1502   480   2502   240   Design issue fee									
Total Claims	SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665	Petition to revive – unintentional			
Total Claims	2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)			
Total Claims		1502	480	2502	240	Design issue fee			
Claims Multiple Dependent  Large Entity   Small Entity   Fee   Fee   Fee   Fee   Fee   Fee   Code   (\$)   1202   18   2202   9   Claims in excess of 20   1201   86   2201   43   Independent claims in excess of 31   1203   290   2203   145   Multiple dependent claims in excess of 31   1204   86   2204   43   "Reissue independent claims over original patent   1205   18   2205   9 "Reissue claims in excess of 20   1206   18   2205   9 "Reissue claims in excess of 20   1207   18   2205   9 "Reissue claims in excess of 20   1208   18   2205   9 "Reissue claims in excess of 20   1209   385   For each additional invention to be examined (37 CFR 1.129(b))   1200   18   2205   9 "Reissue claims in excess of 20   1201   18   2205   9 "Reissue claims in excess of 20   1202   18   2205   9 "Reissue claims in excess of 20   1203   18   2205   9 "Reissue claims in excess of 20   1204   18   2205   9 "Reissue claims in excess of 20   1205   18   2205   9 "Reissue claims in excess of 20   1206   18   2205   9 "Reissue claims in excess of 20   1207   18   2205   9 "Reissue claims in excess of 20   1208   18   2205   9 "Reissue claims in excess of 20   1209   1802   900   1802   900   1200   1802   900   1802   900   1201   18   18   18   18   18   18   18		1503	640	2503	320	Plant issue fee			
Multiple Dependent = 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)  Large Entity Small Entity Fee Fee Fee Fee Fee Code (\$) Code (\$) Fee Description 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent 1206 18 2205 9 "Reissue claims in excess of 20 and over original patent 1207 18 2205 9 "Reissue claims in excess of 20 and over original patent 1208 18 2205 9 "Reissue claims in excess of 20 and over original patent 1209 18 2205 9 "Reissue claims in excess of 20 and over original patent 1200 18 2205 9 "Reissue claims in excess of 20 and over original patent 1200 18 2205 9 "Reissue claims in excess of 20 and over original patent 1200 18 2205 9 "Reissue claims in excess of 20 and over original patent 1200 18 2205 9 "Reissue claims in excess of 20 and over original patent 1200 18 2205 9 "Reissue claims in excess of 20 and over original patent 1200 18 2205 9 "Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 55.00  **Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 55.00  **Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 55.00		1460	130	1460	130	Petitions to the Commissioner			
Fee Fee Code (\$) Code (\$) Fee Description  1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$\$) 0.00  **or number previously paid, if greater, For Reissues, see above  SUBMITTED BY  Name (Print/Type) John D. Quisel  Recording each patent assignment per property (times number of properties)  1802 1 40 8021 40 8021 40 Filing a submission after final rejection (37 CFR 1.129(a))  1810 770 2810 .385 For each additional invention to be examined (37 CFR 1.129(b))  1810 770 2801 385 Request for Continued Examination (RCE)  1802 900 1802 900 Request for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$\$) 55.00  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$\$) 55.00		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
Fee Code (\$) Code (\$) Eee Description  8021 40 8021 40 Recording each patent assignment per property (times number of properties)  1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 30 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) 0.00  **or number previously paid, if greater, For Reissues, see above  SUBMITTED BY  Recording each patent assignment per property (times number of properties) 1802 140 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 770 2810 385 Request for each additional invention to be examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 55.00  **Or number previously paid, if greater, For Reissues, see above  SUBMITTED BY  (Complete (if applicable))  Registration No. (Attomey/Agent) 47,874  Telephone (617) 951-7685	Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims over original patent over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$\$) 0.00  "**or number previously paid, if greater; For Reissues, see above  SUBMITTED BY  Name (Print/Type) John D. Quisel  1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))  1810 770 2810 385 Request for Continued Examination (RCE)  1802 900 1802 900 Request for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$\$) 55.00	Fee Fee Fee Fee Fee Pescription	8021	40	8021	40				
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$\frac{1}{3}\$) 0.00 "*or number previously paid, if greater, For Reissues, see above  SUBMITTED BY  (37 CFR 1.129(a))  1810 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify)  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$\frac{1}{3}\$) 55.00  *Complete (if applicable))  Name (Print/Type) John D. Quise!  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)	***	1809	770	2809	385	Filing a submission after final rejection			
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (3) 0.00  "or number previously paid, if greater, For Reissues, see above  SUBMITTED BY  Reissue claims in excess of 20 0.00  "Reduced by Basic Filing Fee Paid SUBTOTAL (3) (5) 55.00  (Complete (if applicable))  Registration No. (Attorney/Agent)  Application  (Complete (if applicable))  Telephone (617) 951-7685	1201 86 2201 43 Independent claims in excess of 3								
over original patent 2205 9 ** Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$\$) 0.00  **or number previously paid, if greater, For Reissues, see above  SUBMITTED BY  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Request for expedited examination of a design application  Other fee (specify)  *Reduced by Basic Filing Fee Paid  SUBTOTAL (3) (\$\$) 55.00  **Or number previously paid, if greater, For Reissues, see above  SUBMITTED BY  (Complete (if applicable))  Registration No. (Attorney/Agent)  A7,874  Telephone (617) 951-7685						examined (37CFR 1.129(b))			
1205 18 2205 9 "Reissue claims in excess of 20 and over original patent "Other fee (specify)  SUBTOTAL (2) (\$\\$\) 0.00  "or number previously paid, if greater; For Reissues, see above "Reduced by Basic Filing Fee Paid "SUBTOTAL (3) (\$\\$\) 55.00  SUBMITTED BY (Complete (if applicable))  Name (Print/Type) John D. Quisel (Attorney/Agent) 47,874 Telephone (617) 951-7685		1				· · · · · · · · · · · · · · · · · · ·			
**or number previously paid, if greater, For Reissues, see above  SUBMITTED BY  (Complete (if applicable))  Name (Print/Type) John D. Quisel  (Attomey/Agent) 47,874  Telephone (617) 951-7685		1	of a design application						
Name (Print/Type) John D. Quisel Registration No. (Attomey/Agent) 7 (617) 951-7685									
(Attorney/Agent) 47,014 Teleprione (017) 951-7005	SUBMITTED BY				(Complete (if applicable))				
	Name (Print/Type) John D. Quisel	Regist (Attorn	Registration No. (Attorney/Agent) 47,874 Telephone (617) 951-7685						
	Signature	~1	-,,	•		Date July 13, 2004			
		I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the date							

Signature: \_

Dated: